

FILED SEP 8 1941

State File No. \_\_\_\_\_

Registration District No. 174

Primary Registration District No. 200

Registrar's No. 1214

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mother of Good Counsel Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Anna C. Reichling

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles M. Reichling

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 19, 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>7</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

MOTHER FATHER

12. Name Henry Eckler

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Kemper

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Richard Reichling

(b) Address 3239 So. 9th Street

17. (a) Burial (b) Date thereof Aug. 18, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. (St. Chas, Mo.)

18. (a) Signature of funeral director Wm. J. Roberts & Co.

(b) Address 1905 St. Grand Blvd.

19. (a) AUG 16 1941 (Date received local registrar)

E. J. M. Garrison (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 92

(c) City or town 485.0 Charles Street 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 400 So. 2nd Street 3  
(If rural, give location)

(e) If foreign born, how long in U.S.A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14  
year 1941 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 6, 1941 to Aug. 14, 1941  
that I last saw her alive on August 14, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Was ill 5 yrs. - Cancer of right breast. Glands in neck removed one month year ago. Right breast removed 5 yrs. ago. Now has Metastasis in all bones, liver and stomach.

Other conditions: Acidosis - 2 wks. Died in Home of the Incurables.

Major findings: None

Of operations \_\_\_\_\_

Of autopsy None 50

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? No  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? No (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature D. L. Schmitt (M. D. or other) 10  
Address 3718 Jennings Rd. Pine Lawn Mo. 8-15-41  
Date Signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6000

JUL 7 1944

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*John Ketter*

Licensed Embalmer No.

3880

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**